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## BIB DATA SHEET

CONFIRMATION NO. 1135

<b>SERIAL NUMBER</b> 10/821,084	<b>FILING or 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 4156	<b>ATTORNEY DOCKET NO.</b> 04237118		
<b>APPLICANTS</b> Darren W. Hodgdon, Lake Forest, IL; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/20/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ELIZA A SQUIRES/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> MAYER BROWN LLP P.O. BOX 2828 CHICAGO, IL 60690 UNITED STATES						
<b>TITLE</b> Incentive based health care insurance program						
<b>FILING FEE RECEIVED</b> 738	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees			
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